DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: REM WISCONSIN III INC - WHEATGRASS I (0010465)

Address: 1401 WHEATGRASS, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Compliance

Verified

Corrected

Survey ID: 0096257 End Date: 01/11/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010062 Served 01/26/2006

Deficiencies Cited Subject Area

88.05(3)(b) FREE OF HAZARDS

Survey ID: 0091884 End Date: 01/16/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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